

**FCDS Quality Control & Visual Editing
Summary
2022-2023**

FCDS Virtual Annual Meeting

August 17, 2023

Megsys Herna, BA, CTR

FCDS Quality Control Program

- Goals and Measures
- Quality Control Procedures
- Visual Editing Process and Findings
- Annual Submission Summary
- NPCR DER for Florida
- FCDS Annual Data Quality Indicator Reports

FCDS Quality Control Measures

- Abstractor Code Test
- Annual Consolidated Follow Back (AHCA/Mortality Casefinding Audit)
- Visual Editing
- Internal Visual Editing during data processing and tumor consolidation process
- Data Quality Annual Audits
- NPCR & FCDS Data Quality Indicator Report
- FCDS Facility Management Reports in IDEA
- FCDS Management Reports

FCDS Data Quality Policies

- FCDS Abstractor Code Requirement
- FCDS Data Acceptance Requirement – Pass All Edits (Exception for Overrides)
- FCDS Text Documentation Requirement
- FCDS Deadlines
- Patient Linkage
- Tumor Linkage and Consolidation
- Visual Editing of Abstracts
- Audits for Completeness and Accuracy
- FCDS Data Quality Reports
- Quarterly/Annual Submission Status Reports

Visual Editing Process & Feedback to Abstractors

GOAL: Evaluate whether the abstract makes sense as coded; something missing or unusual that standard electronic edit checks cannot catch.

- Review One of Every 25th Record Processed
- 4% of analytic abstracts from Hospitals, Radiation Treatment Facilities, and Ambulatory Surgery Centers
- All pediatric cases
- All male breast cases

Visual Editing Process & Feedback to Abstractors

The QC Visual Abstract Review is a fully automated 3-step process:

1. Initial review by FCDS CTR QC Contractor
2. Feedback to/from the registrar with an opportunity to comment and correct data
3. Final review by the FCDS QC Manager/QC Staff to make final determination on the case
 - Records with discrepant data must be resolved by the reporting facilities **within three weeks of receipt**
 - “Agree”, “OK”, “Done” are NOT Acceptable Responses to Inquiries

What Do FCDS QC Contractors (Visual Editors) Expect When Reviewing Abstracts?

- Supporting text on all coded data (Analytic/Non-analytic)
- Non-analytic
 - ✓ provide reason why you don't have supporting text on stage and treatment
 - ✓ provide a good history of disease AND a reason the patient was at your facility
- All data items must be well documented in the event of an audit
 - Demographics, Tumor, Staging, SSDIs, and Treatment
- All data items must make sense beyond the standard edit checks
- The staging, SSDI, and treatment data must make sense together

FCDS Visual Editing – Recurring Errors

- Coded data is not supported by text documentation
- Excessive use of Diagnostic Confirmation = 9
- Primary Site, NOS with subsite in text, imaging, pathology report or surgery, but not coded
- Histology Code, NOS with specific histology in pathology report
- SSDIs missing on analytic abstracts or documented in text, but not coded
- Excessive use of Treatment, NOS codes, surgery 80 or 90

2022 Submission Summary & Field Coordinator Visual Review Summary

Description	# Cases	% of Total
Total Cases Submitted to FCDS 1/1/2022-12/31/2022	312,369	100%
Total Cases that passed all electronic edit checks – No Visual Review by FC or QC	290,285	93%
Total cases that failed electronic edit checks when cases were processed at FCDS	22,084*	7.07%
• FORCED (<i>EDIT Overrides Confirmed, not errors</i>)	8,156	2.61%
• CORRECTED (<i>1 or more corrections made based on text – NOT a FORCE</i>)	11,319	3.62%
• DELETED (<i>duplicate case, not a reportable, not a new primary</i>)	2,609	.84%
*Cases were visually reviewed by the Field Coordinators.		

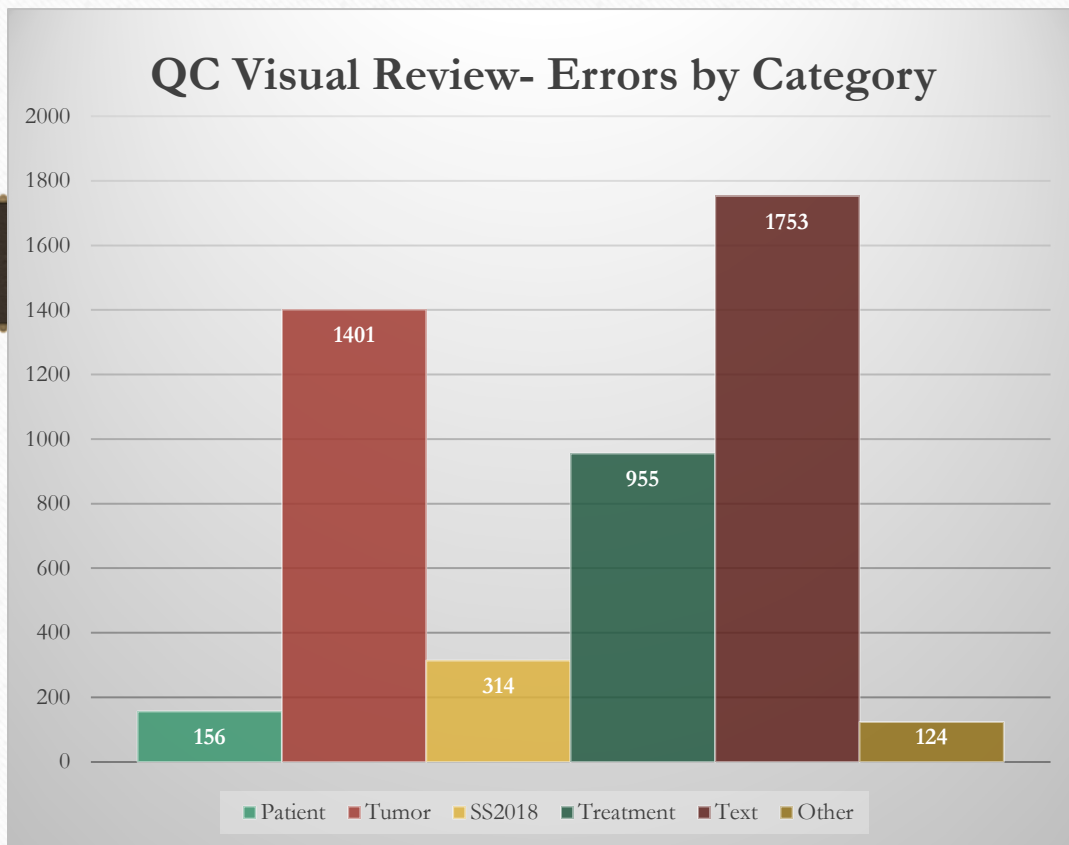
2022 QC Visual Review Summary

Description	# Cases	% of Total Cases Visually Reviewed
Total cases visually reviewed by FCDS QC Contractor	15,557	4.98%**
Total cases with no change after QC Visual Review	10,078	64.8%
Total Cases Sent to Facility with Corrections or Inquiries	5,479	35.2%
NO CHANGE after Follow-Back to Facility	641	4.12%
FORCED (EDIT Overrides Confirmed, not errors)	193	1.24%
CORRECTED (one or more corrections made, not a Force)	4,509	28.98%
DELETED (duplicate case, not reportable, not a new primary)	136	.87%

** Percent of the total number of cases submitted to FCDS in calendar year 2022 (312,369 cases).

QC Visual Review By Error Category

2022 Summary Report



Corrected	Patient	Tumor	Stage	Treatment	Text	Other
2	0	1	0	0	1	0
5	0	2	0	2	2	0
1	0	0	0	1	1	0
4	0	2	0	0	1	1
3	0	1	2	3	0	0
7	0	2	1	0	1	0
12	0	1	0	1	4	0
2	0	2	0	0	0	0
1	0	0	0	1	0	0
1	0	0	0	0	0	0
3	0	1	0	1	1	0
2	0	0	0	0	0	0
2	0	0	1	0	0	0
20	0	6	1	2	9	0
4	0	3	2	1	0	0
4509	156	1401	314	955	1753	124

Facility Quality Control Reports in IDEA

- QC Facility Analysis
 - Corrected, Forced, Deleted, or No Change
 - Accession numbers
 - Date Range
 - How long between when the abstract was received by FCDS and the date the abstract was resolved
- FCDS Annual Data Quality Indicator Report (DQIR)

FCDS Annual Data Quality Indicator Report (DQIR)

Goals	2021		2020		2019		2018		2017		
	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %	
Demographics	3,118	133,788	3,136	131,436	3,370	141,856	3,242	134,148	3,299	127,894	
Sex											
Sex Unknown (9)	< 2%	0.000	0.087	0.000	0.014	0.030	0.011	0.000	0.013	0.000	0.018
Race											
Race Other, NOS (98)	< 3%	1.539	2.069	2.487	2.008	2.908	1.944	2.252	1.665	2.516	1.740
Race Unknown (99)	< 3%	1.796	1.405	2.742	1.085	2.285	0.917	1.943	0.786	1.637	0.776
Ethnicity											
Ethnicity Unknown (9)	< 3%	1.988	1.689	2.360	1.382	2.018	1.239	2.005	0.954	1.788	1.186
Primary Payor at DX											
Primary Payor Unknown (99)	< 3%	0.096	0.738	0.510	0.874	0.356	1.246	0.401	1.078	0.576	1.393
Tobacco Use											
Tobacco Use - Cigarette Unknown (9)		40.860	30.827	2.742	12.611	0.890	10.810	1.080	10.613	1.910	13.132
Tobacco Use - Other Unknown (9)		44.099	35.174	6.154	19.478	8.487	18.345	2.283	17.458	7.123	19.046
Tobacco Use - Smokeless Unknown (9)		42.976	35.047	5.166	19.139	5.282	17.847	2.067	16.964	5.153	18.708
Tobacco Use - NOS Unknown (9)		44.163	34.531	6.186	19.260	8.546	18.097	2.283	17.396	7.275	18.502
Marital Status at DX											
Marital Status Unknown (9)	< 3%	9.044	2.627	10.778	2.737	9.110	2.388	8.174	2.763	8.275	2.940
Social Security Number											
Missing/Impossible SSN	< 3%	11.899	15.809	12.532	13.544	11.187	12.530	6.909	9.763	4.668	7.796
Address at DX											
Ungeocodables (Certainty 9) ²	< 2%	0.000	0.002	0.000	0.000	0.000	0.001	0.000	0.002	0.000	0.075
PO Boxes (Certainty 5) ²	< 2%	5.754	1.297	6.635	1.464	6.242	1.597	7.252	1.692	6.301	1.664
Tumor Characteristics											
Diagnostic Confirmation											
Not Microscopically Confirmed (5-8)	< 5%	6.992	0.111	6.537	0.171	6.528	0.209	8.729	0.318	9.124	0.431
DX Method Unknown (9)	< 5%	0.096	0.169	0.064	0.195	0.030	0.195	0.062	0.270	0.000	0.235
Topography											
III-Defined Sites ³	< 1%	1.636	1.248	1.307	1.400	1.454	1.303	0.833	1.428	1.910	1.640
Histology/Grade											
Morphology Non-specific (8000-8005)	< 5%	0.609	1.684	0.446	1.980	0.682	1.853	0.771	1.933	0.788	2.002
Grade Unknown (excludes C80.9)	< 35%									41.588	35.493
Stage											
Summary Stage ⁴ Unknown (9)	< 5%	2.405	4.582	2.870	5.120	2.700	5.357	2.097	5.993	3.274	6.814
SSDI											
Grade Clinical Unknown (9)		48.813	43.070	49.139	45.492	48.843	45.522		46.865		
Grade Pathological Unknown (9)		56.318	53.979	57.813	55.091	58.991	54.264		52.927		
Brain Molecular Markers Unknown (99)		4.977	8.521	3.673	9.964	5.093	11.720		16.317		
Breslow Thickness Unknown (XX.9)		16.505	27.527	21.875	27.068	19.444	29.868		30.216		
Estrogen Receptor Summary Unknown (9)		8.065	3.745	5.536	4.123	5.199	3.821		4.023		
Fibrosis Score Unknown (9)		31.776	74.386	4.717	74.025	42.857	75.905		82.405		
HER2 Overall Summary Unknown (9)		21.935	19.420	16.609	19.757	19.266	19.798		20.292		
Microsatellite Instability (MSI) Unknown (9)		45.378	44.978	50.000	49.742	60.645	54.775		59.372		
Progesterone Receptor Summary Unknown (9)		13.226	6.918	9.343	7.030	6.728	6.527		6.509		
PSA Lab Value Unknown (XXX.9)		26.255	10.997	12.500	12.406	4.962	10.943		11.917		
Gleason Pattern Clinical Unknown (X9)		0.386	3.825								
Gleason Pattern Pathological Unknown (X9)		0.386	3.506								
Gleason Tertiary Pattern Unknown (X9)		32.046	34.756								
Gleason Score Clinical Unknown (X9)		0.386	4.029								
Gleason Score Pathological Unknown (X9)		0.386	3.346								
LDH Lab Value Unknown (XXXXX.9)		34.951	79.944	40.625	79.840	32.407	87.649		93.948		

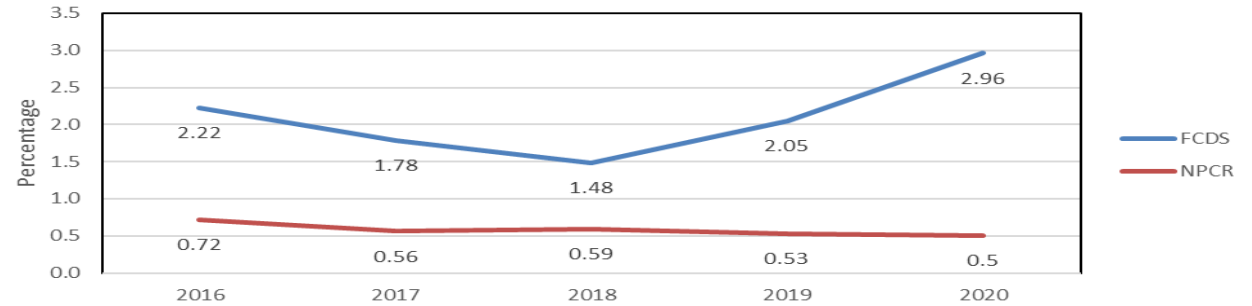
NPCR DER

DX Years 1995-2020 & 2021

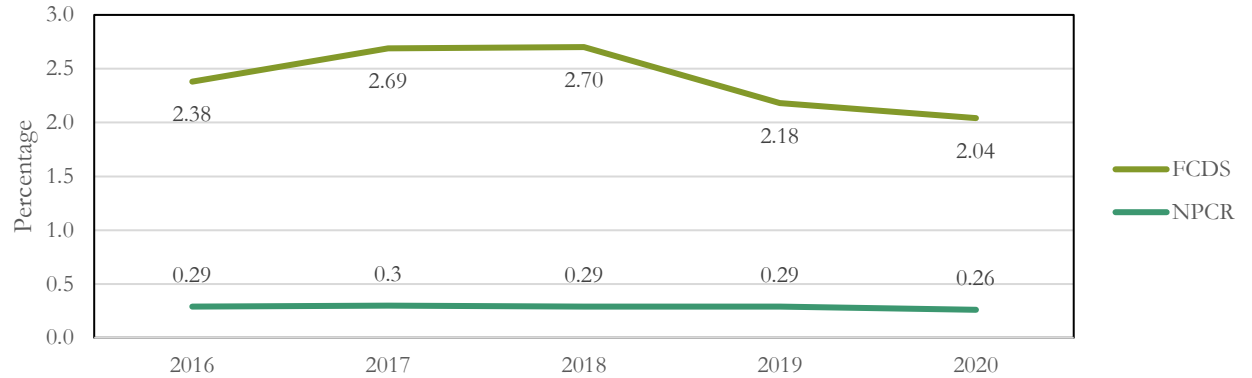
- 2020 DCO Rate = 1.77%
 - DCO Rate for 2019 went down from 1.87% to 1.62%... (late cases)
- **Completeness met for 24 month data (2020); Missed target for 12 month data (2021)**
 - 24 Month Standard: 95.00% FCDS 24 Month: 114.50%
 - 12 Month Standard: 90.00% FCDS 12 Month: 81.05%
- 24 month completeness met standard
- 12 month completeness is 9% below standard
- Race Unknown - - the National Data Quality Standard (<=3%)
 - 2021 % Race unknown (1.55%)
 - 2020 % Race unknown (0.77%)
 - 2019 % Race unknown (0.47%)
- DER still in dire need of updating, there are no SSDI variables in the DER and there are other variables that are no longer being collected that are still part of the DER. Only 4 variables that began collection in 2018 are part of the DER.
- 21 variable categories above NPCR median for 2020 data
- 25 variable categories below NPCR median for 2020

NPCR DER DX Years 1995-2020 & 2021

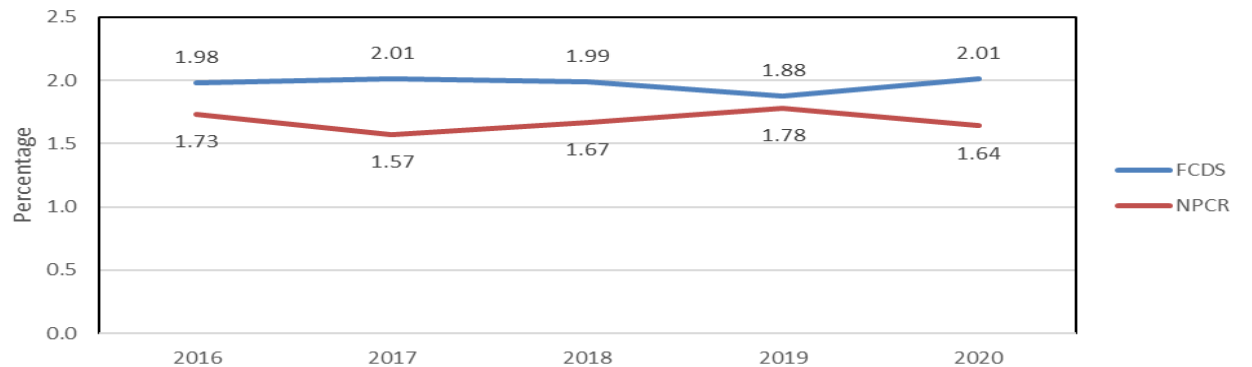
Diagnostic Confirmation [490] excludes DCO Unknown (9) and Blank



RX Summ Surg Prim Site [1290] Surgery, NOS (90)



Laterality [410] paired organs only - Unknown (9, blank)



2022-2023 Data Quality Audits

- Consolidated FB Audit- Annual Casefinding Audit
 - AHCA/Mortality data linkages
 - 2021 data
 - Deadline is September 1, 2023
- 2023 FCDS Lymphoid and Myeloid Neoplasms Audit

2023 FCDS QC Audit

Lymphoid and Myeloid Neoplasms

- Audit Dates from January 1, 2023 – June 30, 2023
- 176 hospitals
- 2020 Diagnosis year
- Analytic Cases Only
- Histology Codes 9590-9993
- 1463 abstracts and e-path reports combined were reviewed
 - 750 Abstracts
 - 1246 Errors
- FCDS Auditors consisted of two CTRs

2023 FCDS QC Audit

Lymphoid and Myeloid Neoplasms

- Problems with the SEER Hematopoietic Database
- Problems with the original pathology report(s) or addenda.
- Differential diagnoses given by the pathologists ranging from low to high grade neoplasms, and many were so non-specific that the case had to be coded to lymphoma, NOS or leukemia, NOS
- Histology could not be verified.
- Registrars need a much-enhanced Hematopoietic Database if they are to use this database to confirm diagnoses with specific flow cytometry or molecular genetics testing.
- Findings and Recommendations will be shared with DOH, NPCR, and SEER.

NAACCR CTR Exam Prep and Review Webinar Series October 2023

- August 22, 2023 – October 10, 2023
- Reduced Rate of \$50 for Florida Applicants
 - Special Agreement with NAACCR
 - FCDS will pay the rest of the subscription
- Available to 20 Applicants
- NAACCR and FCDS will screen all Florida Applicants
 - Not have taken the course before
 - Florida Resident
 - Applicant plans to take the CTR Exam during the October 13 –November 3, 2023, Testing Period

NAACCR Webinar Series

2023-2024

- October 5, 2023, through September 4, 2024
- Monthly live webinars, 3 hours each, presented twice (morning and afternoon)
- 3 CE's/webinar (total of 36 CE's)
- FCDS currently offers these live webinars to 42 Florida Registrars free of charge
- Expand to 110 Florida Registrars
- Recordings are available in FLccSC
 - Still earn 3 CE's
 - FLccSC user must have at least one User Access Role in at least one Florida reporting facility in IDEA

FCDS Education & Training Program

- ALL Data Quality Activities are input to the FCDS Education & Training Program
- FCDS encourages abstractors to call or email questions to FCDS. We put together common questions to add them to the FCDS Monthly Memo.

Thank you

